

## B- ISSUE FEE TRANSMITTAL

001

Bayer 9265.2

Complete and mail this form, together with applicable fees, to: **Box ISSUE FEES**, Assistant Commissioner for Patents, Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

HM12/1116

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## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Nanci Manfredi

(Depositor's name)

(Signature)

February 14, 2001

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/925372	09/08/97	009	ROBISON, A	1616 11/16/00
First Named Applicant	DORN,		35 USC 154 (b) term ext.	0 Days

TITLE OF INVENTION NON-SYSTEMIC CONTROL OF PARASITES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 BAYER9265.1K	514-041,000	407	UTILITY NO		\$1240.00	02/16/01
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO-form(s) and Customer Number are recommended, but not required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
10 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				Norris McLaughlin & Marcus		
□ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.				2 _____		
				3 _____		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **Bayer Aktiengesellschaft**

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Leverkusen, Germany

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee  
 Advance Order - # of Copies \_\_\_\_\_

4b. The following fees or deficiency in these fees should be charged to:

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Issue Fee  
 Advance Order - # of Copies **3**

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

*R. J. R.*  
33,141 (Date)  
2-14-01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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02/21/2001	00000183	1	142	\$1,240.00	02/20/2001	DA 141263
02/21/2001	00000184	1	561	\$9.00	02/20/2001	DA 141263